PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail Commissioner for Patents F.O. Box 1450 Factors F.O. Box 1450 Factors or Fax (571)-272-500 Fax (571)-272

INSTRUCTIONS: This form should be used for transmisting the ISSUE FEB and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where appropriate. All further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as

maintenance for notificulions. CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for my change of subtree)				Note: A certificate of mailing one only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.						
				Cer	ificate of Mailing or Transm	ission				
NOVARTIS CORPORATE INTELLECTUAL PROPERTY ONE HEALTH PLAZA 104/3 EAST HANOVER, NJ 07936-1080				hereby certify that II	its Fee(s) Transmittal is bein	g deposited with the United				
				States Postal Service with sufficient postage for first class mail in an envelope underessed to the Mail Stop ISSUE FEE address above, or being electronically transmitted to the USPTO via EFS-Web, on the date indicated below.						
							yan T. Dee	1	(Depovitor's meno	
										-
							<u> </u>	"hypers ! .	//	
			L	11/20/260	7	(Duc				
APPLICATION NO.	FILING DATE		FIRST NAMED INVENTOR		ATTORNEY DOCKET NO.	CONFIRMATION NO.				
10-535,200	06/09/2005		Donatienne Denni-Discher		ON/4 32823A	1807				
TITLE OF INVENTION:	EPOTHILONE DERIVA	TIVES								
APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSU	E FEE TOTAL FEE(S) DU	E DATE DUE				
nonprovisional	NO	\$1400	\$300	50	\$1700	11/23/2007				
EXAM	INER	ART UNIT	CLASS-SUBCLASS	1						
RAHMANI, N	III.OOFAR	1625	540-462900	,						
. Change of correspondence address or indication of "Fee Address" (37			2. For printing on the patent front page, list							
CFR 1.363).			(1) the names of up to 3 registered patent attorneys 1 NOVARTIS AG or agents OR, alternatively,							
Change of correspo	nge of Correspondence	or agents OR, alternatively,								
			(2) the name of a sing	le firm (having as a	member a 2					
Fee Address* indi	cation (or "Fee Address	Indication form	registered attenney or agent) and the names of up to 2 registered patent attenneys or agents. If no name is listed, no name will be printed.							
PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.			listed, no name will be	printed.	no name is 3					
	ID DECIDENCE DAM	TO DE DOD TED ON								
			THE PATENT (print or ty data will appear on the p		ce is identified below, the	document has been filed for				
(A) NAME OF ASSI		setion of this form is NO	(B) RESIDENCE: (CIT							
NOVARTIS AG			Buyel, Switzerlund							
Please check the appropri	iste assience category or	entegories (will not be po	rinted on the natent) : C	Individual 🗆 C	orporation or other private g	roup entity Governmen				
4s. The following fee(s)					ny previously paid issue fe					
S Issue Fcc	ate stommer.	,	A check is enclosed.	ase macreappy as	ay previously pana sauce se	and a north				
				ent by creat card. Form F10-2038 is attached. threefor is hereby authorized to charge the required fee(s), any deficiency, or credit any symmetr, to Deposit Account Number						
Advance Order -	of Copies 10		overpayment, to Dep	y authorized to cha osit Account Numb	ge the required fee(s), any c er 19-0134 (enclose	en extra copy of this form)				
5. Change in Entity Stat	tus (from status indicate	i above)								
a. Applicant claim	s SMALL ENTITY state	s. See 37 CFR 1.27.	b. Applicant is no los	ger claiming SMA	LL ENTITY status. See 37 (CFR 1.27(g)(2).				
NOTE: The Issue Fee and	d Publication Fee (if see	oired) will not be accepte les Patent and Trademark	d from snyone other than	the applicant; a reg	stered attorney or agent; or	the assignee or other party				
	0 . 0									
Authorized Signature	Keart	cutil		Date 11	20 07					
Typed or printed name Region S. Bautista			Registration No. 46,230							
This collection of inform an application. Confident submitting the completes this form and/or suggest Box 1450, Alexandria, V Alexandria, Virginia 223	ation is required by 37 C unlity is governed by 35 5 application form to the ons for reducing this bu irginia 22313-1450. DC 13-1450.				he public which is to file (as minutes to complete, includ- ormants on the amount of a Tradernark Office, U.S. De S. SEND TO: Commissione displays a valid OMB contro	nd by the USPTO to process ing gathering, proparing, as ime you require to comple partness of Commerce, P.C. for Patents, P.O. Box 145				